CANDY MACHE IS AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT (INCLUDING APPLICATION FOR EMPLOYMENT) ON ANY BASIS INCLUDING RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, CITIZENSHIP, SEX, AGE, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION, PREGNANCY, VETERAN OR MILITARY STATUS, OR ANY OTHER BASIS PROHIBITED BY LOCAL, STATE, AND FEDERAL LAW.

APPLICANTS WITH DISABILITIES MAY BE ENTITLED TO REASONABLE ACCOMMODATION UNDER THE TERMS OF THE AMERICANS WITH DISABILITIES ACT AND CERTAIN STATE OR LOCAL LAWS. A REASONABLE ACCOMMODATION IS A CHANGE IN THE WAY THINGS ARE NORMALLY DONE WHICH WILL ENSURE AN EQUAL EMPLOYMENT OPPORTUNITY WITHOUT IMPOSING UNDUE HARDSHIP ON CANDY MACHE. PLEASE CONTACT CANDY MACHE IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION OR TO OTHERWISE PARTICIPATE IN THE APPLICATION PROCESS.

PLEASE READ AND ANSWER ALL QUESTIONS CAREFULLY. YOUR FAILURE TO RESPOND TO ALL QUESTIONS MAY DISQUALIFY THIS APPLICATION FROM FURTHER CONSIDERATION. ALL INFORMATION MUST REFLECT A COMPLETE AND ACCURATE RECORD OF YOUR EDUCATION AND EMPLOYMENT HISTORY.

PERSONAL INFORMATION

|  |
| --- |
| Last Name First Name MI  |
| Present Street Address City State Zip |
| Home Phone (w/ area code) Cell Phone (w/ area code)  |
| Email Address (personal)  |
| Position Applying for: List any other names you’d be known by: |

Are you legally authorized to work in the United States? 🞎 Yes 🞎No Are you at least 18 years of age? 🞎Yes 🞎No

Will you now or in the future require sponsorship for an immigration-related employment benefit? 🞎Yes 🞎No

JOB INTERESTS

|  |
| --- |
| Date Available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary Desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly/Annual Are you available to work: 🞎 Full Time 🞎 Part Time What days are you available to work (check all that apply): 🞎 Sun 🞎 Mon 🞎 Tues 🞎 Wed 🞎 Thurs 🞎 Fri 🞎 Sat Shifts available to work: SUNDAY from \_\_\_\_\_ to \_\_\_\_\_ MONDAY from \_\_\_\_\_ to \_\_\_\_\_ TUESDAY from \_\_\_\_\_ to \_\_\_\_\_ WEDNESDAY from \_\_\_\_\_ to \_\_\_\_\_ THURSDAY from \_\_\_\_\_ to \_\_\_\_\_ FRIDAY from \_\_\_\_\_ to \_\_\_\_\_ SATURDAY from \_\_\_\_\_ to \_\_\_\_\_ Have you previously applied for work at Candy Mâché? 🞎Yes 🞎No If “yes”, when and what position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How did you learn about this opportunity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If an employee referred you, include the employee’s name |

EDUCATION

Please list your educational background, beginning with High School. Include technical school and military training, etc.

|  |  |  |
| --- | --- | --- |
| Name and location of school | Major/Degree | Graduated |
|  |  |  🞎Yes 🞎No |
|  |  |  🞎Yes 🞎No |
|  |  |  🞎Yes 🞎No |
|  |  |  🞎Yes 🞎No |

List any vocational or business related courses and training:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List name and telephone number of three work or school references who know your employment qualifications include supervisors.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Phone number (w/ area code)** | **Job Title** | **Relationship to you** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

EMPLOYMENT/WORK EXPERIENCE

|  |
| --- |
| **Complete this portion even if attaching your resume. Please list your employment history starting with your current / most recent employer. Include military service and self-employment. Please account for the last 10 years of employment. Use additional paper if necessary.** |
| Employer Name Position Held Phone Number (w/ area code) |
| Street Address City State Zip |
| Dates Employed Rate of PayFrom To Starting Salary Ending Salary |
| Supervisor Name and Position Reason for leaving |
| May we contact this employer? 🞎 Yes 🞎 No If “no” please indicate reason: |
| Employer Name Position Held Phone Number (w/ area code) |
| Street Address City State Zip |
| Dates Employed Rate of PayFrom To Starting Salary Ending Salary |
| Supervisor Name and Position Reason for leaving |
| May we contact this employer? 🞎 Yes 🞎 No If “no” please indicate reason: |
| Employer Name Position Held Phone Number (w/ area code) |
| Street Address City State Zip |
| Dates Employed Rate of PayFrom To Starting Salary Ending Salary |
| Supervisor Name and Position Reason for leaving |
| May we contact this employer? 🞎 Yes 🞎 No If “no” please indicate reason: |
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| Employer Name Position Held Phone Number (w/ area code) |
| Street Address City State Zip |
| Dates Employed Rate of PayFrom To Starting Salary Ending Salary |
| Supervisor Name and Position Reason for leaving  |
| May we contact this employer? 🞎 Yes 🞎 No If “no” please indicate reason: |

Have you been dismissed or asked to resign from any position? 🞎 Yes 🞎 No If “yes”, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please identify and explain any gaps in employment greater than 90 days:

From To Reason for Unemployment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PRE-EMPLOYMENT STATEMENT**

1. I have read and fully understand the questions in this application and I certify the answers I have given in this application are true and complete to the best of my knowledge, and I understand that any false or misleading answers, omissions or concealment of facts will disqualify me from consideration of employment or, if hired, may lead to my immediate separation of employment.
2. I understand that I may be subjected to a criminal background check where it is substantially job related and consistent with business necessity or credit check where it is substantially job related after receiving a conditional offer of employment where allowed by law.
3. I understand I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result in order to be permitted to commence work with Company where allowed by law. I understand that where permissible under applicable federal, state and local law, I may be required to provide authorization for verification of my driving history and driving licenses if such information is related to the position for which I am applying consistent with business necessity.
4. If hired, I agree to abide by the policies and expectations of the Company. I understand that my employment is “at will” and can be terminated by me or by the Company at any time without notice or cause subject only to applicable requirements of law and I will be paid only for services rendered to the time of my termination. In the event the Company advances me money or other items of value, or I otherwise become indebted financially to the company, I agree to repay the Company and also agree any wages due to me upon termination may be offset by payroll deductions against such monies due the Company, except where prohibited by applicable law.
5. If hired, I agree to abide by the policies and expectations of the Company. **I understand that my employment is “at will” and can be terminated by me or by the Company at any time without notice or cause subject only to applicable requirements of law and I will be paid only for services rendered to the time of my termination.** I understand that no language in this application or any statement made during employment may change my at will employment, with the sole exception of an agreement in writing signed by the President of the Company.
6. By signing below, I certify and acknowledge that I have read the statements and that I understand them.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

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